TRANSMITTAL AND NOTICE OF APPROVAL OF		
	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
•	03-29	New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
	SOCIAL SECURITY ACT (MEDI	ICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	April 1, 2003	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
<u></u>	·	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each a	mendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR Section 447.204	a. FFY 4/01/03 - 9/30/03 (\$1	
	b. FFY 10/01/03 - 9/30/04 (\$2	2,000,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	
	SECTION OR ATTACHMENT (If A)	pplicable):
Attachment 4.19-B, Page 2(a)		
	Attachment 4.19-B, Page 2(a))
10. SUBJECT OF AMENDMENT:		
Non-Institutional Services		
11 COMPANDED PRIMERY (CL. 1.0.)		
11. GOVERNOR'S REVIEW (Check One):	CT OTHER AS SEE	CIEIED.
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPE	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	• :	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	New York State Department of Health, Corning	
KATAM- KAIMW		
	New York State Department of F	nealth, Coming
13. TYPED NAME: Kathryn Kuhmerker	┤ Tower, Empire State Plaza, Alba	ny, New York
13. TYPED NAMÈ: Kathryn Kuhmerker	Tower, Empire State Plaza, Alba	ny, New York
13. TYPED NAMÈ: Kathryn Kuhmerker 14. TITLE: Deputy Commissioner	┤ Tower, Empire State Plaza, Alba	iny, New York
13. TYPED NAMÈ: Kathryn Kuhmerker 14. TITLE: Deputy Commissioner Department of Health	┤ Tower, Empire State Plaza, Alba	iny, New York
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New York 2(a)

Attachment 4.19-B (04/03)

Hospital Based Ambulatory Surgery Facilities Certified Under Article 28 of the Public Health Law

Case based rates of payment have been calculated for the Products of Ambulatory Surgery Payment groups. All procedures within the same payment group are reimbursed at a single discrete base price. The applicable base price for each payment group is adjusted for regional differences in wage levels, [and] space occupancy, and plant over-head costs [,]. [and an] An economic trend factor is applied to make the prices prospective. Rates of payment in effect on March 31, 2003, shall continue in effect for the period April 1, 2003 through September 30, 2005.

Freestanding-Diagnostic and Treatment Centers

Facilities Certified Under Article 28 of the Public Health Law as Freestanding Ambulatory Surgery Centers

Case based rates of payment have been calculated for the Products of Ambulatory Surgery Payment groups. All procedures within the same payment group are reimbursed at a single discrete base price. The applicable base price for each payment group is adjusted for regional differences in wage levels, [and] space occupancy, and plant over-head costs [,]. [and an] An economic trend factor is applied to make the prices prospective. Rates in effect on March 31, 2003 shall continue in effect for the period April 1, 2003 through September 30, 2005. The agency may pay the usual and customary rates of such medical facilities or approved services but must not pay more than the prevailing rates for comparable services in the geographic area.

TN 03-29 Approval Date 02-27-04 Supersedes TN 96-25 Effective Date 04-01-03